

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/049671

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		3		1			53						
4		1		1			54						
5		1		1			55						
6		1		1			56						
7		1		1			57						
8	1		1				58						
9		1		1			59						
10		2		1			60						
11		1		1			61						
12		1		1			62						
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47							97						
48							98						
49							99						
50							100						
							TOTAL IND.						
							TOTAL DEP.						
							TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3331

Barbara Campbell
National Stage Processing
(703) 305-3331

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